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ABSTRACT

Research in the 1970s proved that the notion that elderly persons are being neglected by their families is a myth. This study evaluated the LINKS (Linking Intergenerational Needs, Knowledge and Services) project, a telephone support and counseling service which provides educational information, counseling, and information on existing resources and services to all callers of any age concerning an older adult. Information was collected which describes and summarizes observations on persons utilizing the LINKS program. Results showed 62% of the calls were made by family members, 26% by the elderly themselves, and only 3% by service providers. The majority of family caregivers (69%) were found to be between the ages of 40 and 70, with 8% being older than 70 years, usually the aging spouse or sibling. Family members, usually females, were providing the care. A profile of the person about whom the calls were made indicated that 75% were over 55 years of age and 64% were over 60 years of age. Problems fell into four large categories: physical health, social services, housing relocation, and counseling for mental or psychological problems. The greatest percentage of problems (31%) related to housing or inability to maintain independent life arrangements. The greatest need identified was for affordable in-home care so that people could remain independent in their own homes. This research reconfirmed earlier research on the relationship of the elderly and their families. It also supports the concern over affordable in-home care. (ABL)

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LINKING INTERGENERATIONAL NEED, KNOWLEDGE, AND SERVICE

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Linking Intergenerational Need, Knowledge, and Service

INTRODUCTION

The Gerontology Center at Georgia State University coordinates and integrates aging programs within the University and with the Community. The Center promotes aging through established curricula, interdisciplinary research and instruction, initiates model programs in the delivery of care and services to the elderly and provides expertise in the development of new gerontological programs and services.

Because of numerous sociological changes taking place in our society today, the Gerontology Center Staff recognized that there existed in the community a need for an educational support and counseling service program for families and their older members to foster the optimum intergenerational relationships for dealing with the increasing stresses of an aging society.

DEMOGRAPHIC OVERVIEW

People are living longer. For the first time in History the 1983 census reported there are as many persons over 65 years of age as under 18. The fastest growing segment of the population is those over 85 years of age. Extending the life span is also extending the generation continuum and three, four or five generations families are becoming increasingly common. We are also seeing families with two generations over the age of 65.

Although most older persons enjoy greater health and vigor than decades ago, many more than ever before are living to a very old age when chronic and sever physical emotional or mental illnesses are more likely. People are living longer but not

necessarily better or without severe physical and mental problems which can impact on quality of life and the ability to maintain independent living.

A second factor which contributes to our demographic findings is the long-term decline in fertility rate. While the number of generations in a family may be increasing, the numbers of family members is decreasing. While grandpa and Grandma are living longer, their children are having fewer children, which can result in there being fewer family members to share the some time considerable burden of caring for aging parents or grandparents, even in the face of compelling evidence that the family remains the major source of support for the aged.

Other factors which impact are economic. In 1930 half of the elderly were economically dependent on their children or spent their last days on the county poor farm.

Today, thanks to increased social security, pensions and medicare, only 1.5% of older persons rely totally on their family for financial support. While it is true older people are financially better off today than 50 years ago, when to be old was to be poor, physical and mental crises do occur, which limits their choices and cuts into their financial stability. Few private pay elderly can afford more than one to two years in a nursing home before going on medicaid or "spending down" to the poor house. A situation which impoverishes the spouse as well.

An additional factor is the growing number of older persons living alone, independent and apart from kin. While most older persons have living children or other relatives, only a small

percent live in the same household. Most elderly live by themselves out of choice, in dignity and in control of options for their own lives. But even short distances apart can make it difficult to provide help as older family members face increasing disability. No discussion of sociological and demographic changes would be complete without mention of the role of women, who out number men in all age groups over age 25. In addition women outlive men by 7.7 years resulting in the majority of persons over 65 being single women.

While society has traditionally cast women in the home maker or caregiver role, today women are assuming new roles, adopting new careers, many in mid-life, which affects their willingness and ability to meet the needs of aging relatives. Women are working for personal satisfaction as well as financial needs. Employment claims time and energy, and the remaining time often must be shared with spouse, children, grand children and parents.

The problems faced by family caregivers, more often women, are financial strain, physical strain and emotional exhaustion. Few, if any, know where to turn.

The increase in reported need and concern of adults regarding elderly family members had been observed by the large number of requests for assistance at the Gerontology Center and from reports by the staff and faculty who speak to community organizations. Support groups for families with elderly members suffering from specific diseases, (i.e. stroke, or Alzheimers) are receiving much attention. However, assistance for the normal stress and concern felt by intergenerational families has been

limited to an occasional program, news media release and casual counsel.

The Gerontology Center has long recognized the need for a permanent program to coordinate existing resources and to address the issue of communications between the generations. In July, 1985 the Junior League of Atlanta and the Gerontology Center formed a coalition for the purpose of developing an intergenerational family assistance project in the metro Atlanta area called the LINKS project (LINKING INTERGENERATIONAL NEEDS, KNOWLEDGE AND SERVICES). The project was introduced to the public thru a series of public forums on "You and Your Aging Parents" to awaken awareness of need for communication; to suggest ways to resolve communication problems between adults and older family members; and to provide information and continued support for intergenerational families. In October, 1985 an intergenerational family telephone support and counseling service, The LINKS Line, was introduced which provided educational information, counseling service and information on existing resources and services to all callers of any age concerning an older adult.

RATIONAL FOR RESEARCH

There has been much rhetoric about the neglect of older persons by their families and a prevalent "myth" is that young people are "dumping" their elderly parents into nursing homes and institutions. Research in the 70's proved this to be the "myth" it is and has shown that 80% of care given to older persons is by a family member.*1 Gender, and close proximity play an important

part in who plays the role of the caregiver. Silverstone tells us this family member is usually a female, the traditional caregiver, and, frequently the daughter who lives nearest.*2

What began as a telephone counseling service program grew quickly into a mini-research study over the past two years, conducted by a graduate student at Georgia State University. Since the LINKS program was new it was important to determine if the program can be justified for future operationalization and funding.

It was also the purpose of this research to determine if earlier findings regarding family relationships to caregiving could be validated and to explore the profile of the caregiver, and the profile of the client, as well as the nature of the problems which prompted the calls.

SCOPE OF RESEARCH

The client population served thru the LINKS calls is adults of all ages, from the Metro Atlanta Area, State of Georgia, or any other area should such a call come in. However, the LINKS hotline is not an 800 number, so that long distance calls are made at the expense of the caller.

RESEARCH METHODOLOGY

This research study on LINKS described and summarizes observations on the persons utilizing the LINKS program. This includes a profile on the person making the call, and the persons about whom the call was made, henceforth designated as "the client." In addition, information was recorded on the nature of the call, type of assistance requested or the problem, and the

length of time required to process the request. All cases to date were used in the study to make inferences about as wide a population as possible. The data list is composed of the following listed variables:

ID number of each LINKS caller

Intake time for each caller (INTTIME)

Research time for each callers problem (RESTIME)

Total time spent on each (TOTTIME)

Clients relation to caller (CCRELCLT)

Callers age (CALAGE)

Age of clients (AGEOCLT)

Category of problems (CATOBRPB)

Resolutions, recommendations, referrals (RRECREF)

Client contacted Center (CLCTCENT)

The relationship between the various variables was studied, tabulated, crosstabulated, and analyzed.

Crosstabulation tables were done on the following:

Total time of call by category of problem
Intake time by category of problem
Research time by category of problem
Callers relationship to client by category of problem
Area of problem by category of problem
Number of follow-ups by category of problem

The following information was interpreted from crosstabs:

69% of the callers had problems that required less than one hour of time to complete, including intake, research and call back.

21.8% of the callers had problems that required 1 to 3 hours of time.

97% of callers required 1 hour or less of research time.

3% of the callers required 1 to 3 hours of research time.

61.4% of the callers were family members

26% of the calls were made by the person.

8% of the calls were made by service providers.

12% of the callers were 25-39 years of age.

37% of the callers were 40-54 years of age.

7% of the callers were 70 years of age or older.

18% of calls received were from the City of Atlanta.

40% of the calls received were from Metro Atlanta.

34% of the calls were from Georgia.

4% of the calls were from other states.

60% of the callers did not require follow-ups.

19% did receive follow-up calls.

5% received 2 follow-ups calls.

4% received 3 follow-up calls.

2% received 5 follow-up calls.

RESEARCH RESULTS:

A survey of the gerontological literature provides compelling evidence that the family is the major source of support for the aged, often more social and service than financial. This in spite of the increase in number of federal programs and agencies created to assist the aged. Research shows most families do not turn to human service agencies for help until they are desperate, physically exhausted or all resources are depleted. Formal public services supply only eight percent of the services required by the elderly. Family members pick up the rest. Our

research confirms this with 62% of calls being made by family members and 26% by the elderly persons themselves - Only 8% by service providers.

Middle-aged adults, the Sandwiched Generation, are far more likely to have aging parents than in previous generations and it is predicted this trend will increase. Family caregivers are more often 55 to 70 years of age than younger. We found this to be true in LINKS with 69% falling between age 40 and 70 and 8% over 70 years, usually the aging spouse or sibling. Our research confirmed the evidence that aging is a family affair and that family members, usually female, are giving the care. 62% of all calls were made by family members and 75% of these were female members of the family.

This is not to say that men lack depth in concern or caring but they have traditionally been given the role of "bread winner" by society, while women have been socialized into the role of "caregiver."

A profile of the client (person about whom the call is made) revealed 75% over 55 years of age and 64% over 60 years of age. The problems fell into four large categories: physical health, social services (meals on wheels, transportation, In Home Care), housing relocation and counseling for mental or psychological problems, with the greatest percent (31%) of problems relating to housing or the inability to maintain independent living arrangements. One of the greatest areas of need which the study identified was for affordable in-home, care so that people could maintain independence in their own home, the overwhelming desire

of the majority of clients.

The research to date on the LINKS Program has reconfirmed earlier research on the relationship of the elderly and their families. It also supports the current concern over affordable in-home care and the need for long term care within the home of the elderly person. In the future we will be looking more closely at this issue as it relates to future care and programs for older persons.

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